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10.	Division of Corporations	<u> </u>
	Fax Number : (850)617-6381	
From:		THE SY
	Account Name : CAPITOL SERVICES, INC.	프롤
	Account Number : I20160000017 Phone : (855)498-5500	rri - Ti
	Fax Number : (800)432-3622	
Emai	11 Address:	
Emai	FLORIDA LIMITED LIABILITY CO.	
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ARTICLES OF ORGANIZATION

FOR

WAP UNIT A-9, LLC

ARTICLE 1. - NAME:

The name of this Limited Liability Company ("Company") shall be:

WAP UNIT A-9, LLC

ARTICLE 2, - ADDRESS

The mailing address and street address of the principal office of the Company is:

2385 NW 70 AVE, Unit 9, Building A, Miami, Florida 33122

ARTICLE 3. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE 4. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such managers is:

Pene Brillembourg 2385 NW 70 AVE, Unit 9, Building A Miami, Florida 33122

ARTICLE 5. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

ARTICLE 6. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of amember in the Company shall be: determined by a unanimous vote of the remaining holders of all of the dembership Interests to continue to conduct the business of the Company under the Company's name.

mm

Signature of a member or an authorized representative of a member (In accordance with section 05, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: WAP UNIT A-9, LLC
- 2. The name and the Florida street address of the registered agent are:

Rene Brillembourg

<u>Name</u>

2385 NW 70 AVE, Unit 9, Building A

Florida street address

Miami, Florida 33122

CITY, STATE AND ZIP

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered opens.

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